ANNALS JOURNAL CLUB



The Disproportionate Impact of Primary Care Disruption and Telehealth Utilization During COVID-19

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he Annals of Family Medicine encourages readers to develop a learning community to improve health and health care through enhanced primary care. With the Annals Journal Club, we encourage diverse participants—particularly among students, trainees, residents, and interns—to think critically about and discuss important issues affecting primary care, and even consider how their discussions might inform their practice.

HOW IT WORKS

The *Annals* provides discussion tips and questions related to one original research article in each issue. We welcome you to post a summary of your conversation to our <u>eLetters</u> section, a forum for readers to share their responses to *Annals* articles. Further information and links to <u>previous Annals</u> <u>Journal Club features</u> can be found on our <u>website</u>.

CURRENT SELECTION

Morgan ZJ, Bazemore AW, Peterson LE, Phillips RL, Dai M. The disproportionate impact of primary care disruption and telehealth utilization during COVID-19. *Ann Fam Med.* 2024;22(4):294-300. 10.1370/afm.3134

Discussion Tips

The COVID-19 pandemic worsened pre-existing health care disparities and disrupted access to primary health care. The authors of this study used electronic health record data from the American Family Cohort¹ to compare pre-pandemic and pandemic levels of primary care utilization. They calculated changes in total visit volume, in-person visit volume, and a novel telehealth conversion ratio (a ratio between the number of pandemic telehealth visits and the total number of pre-pandemic visits). They then determined whether these outcomes were associated with patient demographics, rurality, social deprivation, and co-morbidities.

Discussion Questions

- What question is asked by this study and why does it matter?
- How strong is the study design for answering the question?
- What are the main study findings?
- Please explain what the novel telehealth conversion ratio is and if you believe that it captures what the authors intended to measure.
- The authors explain that 142 practices (out of 408) had less than 1% conversion to telehealth visits. What practice- and system-level factors could explain this low adoption rate?
- Why were pediatric populations adversely affected (lower total and in-person visits and lower telehealth usage) during the COVID-19 pandemic?
- The authors note that telehealth usage was greatest among urban patients (12%) and Hispanic (17%). Using the other data in Table 1, what reasons would you give for why it was greatest among both of these groups?
- What results would you expect to find if the study outcomes were divided by payer type?
- What does the Charleston Comorbidity Index (CCI) measure and how did the change of total visits vary according to the CCI in Table 1? Hypothesize how the primary care utilization may have varied across time for different CCI values with the introduction for effective therapies as the pandemic progressed.
- Figure 2 shows that the total change in primary care visits had not returned to pre-pandemic levels by December 2023. What patient- and practice-level factors have influenced the return of patients to in-person visits at your clinic?
- How might this study change your practice?
- What researchable questions remain?

References

1. Vala A, Hao S, Chu I, Phillips RL, Rehkopf D. *The American Family Cohort* (V13.0) [access-restricted data set]. Redivis; 2023. 10.57761/amz5-1p15